

MULTIPLE DEPENDENT
FEE CALCULATION FORM
(FOR USE WITH FORM 15)

APPLICANT(S)

607020

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
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TOTAL IND.	3					
TOTAL DEP.	36	↔	↔	↔		
TOTAL CLAIMS	39					

	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↔	↔	↔	
TOTAL DEP.			↔	↔	↔	
TOTAL CLAIMS						

Best Available Copy